

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4				2		
5				2		
6			1			
7				1		
8						
9				2		
10				2		
11				3		
12				1		
13				1		
14				3		
15				1		
16				1		
17				1		
18				3		
19				1		
20						
21				1		
22				1		
23				1		
24				1		
25				1		
26				2		
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		26	←		←
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						